BUREAU OF VITAL STATISTICS  Registered No. DO  State  District of Township  City. Manual  No. 4/ Manual  No. 4/ Manual  (If birth occurred in a hospital or institution live its NAME instead of street and number)  2. Full name of child  To be answered ONLY in event of plural births.  1. Twin, triplet or other 1. Date of birth 1. Day Year
County Jild State Oromship or Village Or Village Or Village Or Village Oromship Or Village Oromship Or
District of Fownship or Village  City Ward  No. 4/ Ward Courses. Ward  (If birth occurred in a hospital or institution) live its NAME instead of street and number)  2. Full name of child Wario Para Street or other Supplemental report, as directed.  3. Sex of Child To be answered ONLY 4. Twin, triplet or other of birth 7 - 3 - 29
City Manuari No. 4/ Warrer Causton St. Ward  City Manuari No. 4/ Warrer Causton St. Ward  (If birth occurred in a hospital or institution live its NAME instead of street and number)  2. Full name of child Manuary St. If child is not yet named, make supplemental report, as directed.  3. Sex of Child To be answered ONLY 4. Twin, triplet or other 10. Legitimate? 7. Date of birth 7 3 - 29
2. Full name of child Wario (If birth occurred in a hospital or institution live its NAME instead of street and number)  2. Full name of child Wario (If birth occurred in a hospital or institution live its NAME instead of street and number)  3. Sex of Child To be answered ONLY 4. Twin, triplet or other
2. Full name of child Mano Fig. Sex of Child To be answered ONLY 4. Twin, triplet or other 50. Legitimate? 7. Date 7 3 29
2. Full name of child // WWO / Supplemental report, as directed.  3. Sex of Child   To be answered ONLY   4. Twin, triplet or other   6. Legitimate?   7. Date of birth 7 = 3 - 29
3. Set of Child To be answered UNLY 7. Date of birth 7 - 3. 19
in event of plural /
8. FATHER 14. MOTHER
Full name Mala - Paris Full maiden name Radical Chona
Modern John Jan
9. Residence (Usual place of abode)  15. Residence (Usual place of abode)
If non-resident, give place and state. If non-resident, give place and state.
() In Color of Foco
10. Color of face 19 min
11. Age at last birthday (Years) 17. Age at last birthday (Years)
18. Birthplace (city or place) Juliaco 18. Birthplace (city or place)
12. Buttiplace (city of place)
(State or country) (State or country)
13. Occupation W/ WWW
Notice of industry
of fact 19 miles
20. Number of children of chil
(Taken as of time of birth of child herein certified and including this child.)  (b) Born alive but now dead.  (c) Stillborn
CEPTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was from all all at 5300 m. on the date above stated.
*When there was no attending physician or midwife, then the father, householder,
1) _aa abauld mula full fathiin. A Rillingiin >
child is one that neither breathes nor shows other evidence of life after birth.  (Physician or midwile).
Given name added from Address.
a supplemental report.  Month, day, year  Address.
Filed Mily 17, 19 Registrar

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